

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OP MICHIGAN
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acecomgroup.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	310704MIS10.pdf <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	310704MIG10.pdf <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	310704MI1010.pdf <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>		(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310704MI112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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July 2013

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

[illegible]

(710) Broadband Price Offerings Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecmgroup.com

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL. OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc.

<a1>	<a2>	<a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
-- See attached worksheet --		

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com

310704MT1200.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310704
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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
 <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

☐
☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband

☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 310794
<015> Study Area Name ACE TEL OF MICHIGAN
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030> 5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> csweet@acecomgroup.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ Yes ☒ No
(Yes/No) ☒ Yes ☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

310704MI3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL OF MICHIGAN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310704	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

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<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

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[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc.

[illegible]

**FCC Form 481 - Carrier Annual Reporting
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 July 2013

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acecomgroup.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">310777MI510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">310777MI610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">310777MI1010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310777MI112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MT, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078956211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 / OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------	------------------------------------------------------------------------------------

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Old Mission)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Old Mission)

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310777MI1200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 310777
 <015> Study Area Name Ace Telephone Co. of MI, Inc. (Old Mission)
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Cynthia Sweet
 <035> Contact Telephone Number - Number of person identified in data line <030> 5078966211 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> csweet@acemcomgroup.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
 (Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

310777n13026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Ace Telephone Co. of MI, Inc. (Old Mission)	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310777	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Data Collection Form

July 2013

[illegible]

(710) Broadband Price Offerings
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Old Mission)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Old Mission)

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acecomgroup.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">310669MI510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">310669MI610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">310669MI1010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310669M1112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

[illegible]

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078956211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Allendale)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Allendale)

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

310669MI1200.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLIENDALE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecogroup.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)



- (3014) If yes, does your company file the RUS annual report

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

310669m13026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ALLENDALE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310669	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	caweeet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings including Voice Rate Data
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
-------	-----------------	--------

<015>	Study Area Name	ALLENDALE TEL CO
-------	-----------------	------------------

<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
-------	---------------------------------------------------------------	---------------

<035> Contact Telephone Number - Number of person identified in data line <030> 5078966211 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> caweeet@acecomgroup.com

1/1/2014

100

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310669
-------	-----------------	--------

<015>	Study Area Name	ALLENDALE TEL CO
-------	-----------------	------------------

<020> Program Year	2015
--------------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
-------	---------------------------------------------------------------	---------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
-------	---------------------------------------------------------------------------	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> csweet@acecomgroup.com

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

July 2013

[illegible]

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acecomgroup.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
------------------------------------------	-------------------------------------------	-------------------------------------------

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 310692MI510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 310692MI610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 310692MI1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310692MI112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	310692	
<015>	Study Area Name	DRENTHE TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com	

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHES TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHES TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Drenthe)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Drenthe)

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@acecomgroup.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTH TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310692MI1200.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 310692
 <015> Study Area Name DRENTHE TEL CO
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Cynthia Sweet
 <035> Contact Telephone Number - Number of person identified in data line <030> 5078966211 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> csweet@acecogroup.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
 (Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒
 (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
 (3023) Underlying information subjected to a review by an independent certified public accountant ☐
 (3024) Underlying information subjected to an officer certification. ☐
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: DRENTHE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310692	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	310692
<015> Study Area Name	DRENTJIE TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acccomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
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<015>	Study Area Name	DRENTHE TEL CO
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com
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<220>

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310692
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<015>	Study Area Name	DRENTHE TEL CO
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<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
-------	---------------------------------------------------------------------------	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> cnsweet@accocomgroup.com

<701> Residential Local Service Charge Effective Date	1/1/2014
-------------------------------------------------------	----------

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310692
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<015>	Study Area Name	DRENTHE TEL CO
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	c@weet@acecomgroup.com
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[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Drenthe)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Drenthe)

[illegible]

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310704, 310777, 310669, 310692

State: Michigan

Form 481 Line 112



Study Area Name: Ace Telephone Company of Michigan, Inc.

Study Area Code: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line 510

Compliance with Applicable Service Quality Standards and Consumer Protection Rules

As a local exchange carrier in Michigan, Ace Telephone Company of Michigan, Inc. (Carrier) is obligated to comply with the numerous consumer protections contained in the Michigan Telecommunications Act and all MPSC Guidelines and Rules promulgated or adopted there under. Carrier has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier hereby certifies that it is complying with all applicable and effective Michigan Public Service Commission and FCC consumer protection rules and service quality standards; which include MPSC Customer Migration Rules, Anti-Slamming Rules, Red Flag Rules and CPNI. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules, a copy of the manual has been previously submitted to the MPSC. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Red Flags Rule and other applicable requirements governing the protection of customers' privacy.

Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Company of Michigan, Inc. (Carrier) hereby certifies that it is able to function in emergency situations through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve in its central office, which enables it to provide service for a minimum of 8 hours. Carrier's service is consistent with requirements of the Michigan Telecommunications Act Section 305c and the obligations to provide service in emergency situations as set forth in the Code of Federal Regulations, Title 47 § 54.202(a)(2). The Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Study Area Name: Ace Telephone Company of Michigan, Inc.

Study Area Code: 310704, 310777, 301669, 310692

State: Michigan

Line 1200 Terms and Condition for Lifeline Customers

Information regarding low-income assistance found on Company's website [www. acegoup.cc](http://www.acegoup.cc) which is transitioning to www.acentek.net

Low Income Telephone Assistance Plans

On a limited income? You can save with Lifeline services from Ace Communications Group. This federal assistance program can help you save on your monthly local phone service.

Services Provided

Ace Communications Group provides single-party residential services. This includes access to:

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 150% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here](#) to download the two-page certification form (PDF).

If you are a Tribal customer, please [click here](#) to download the two-page certification form (PDF).

For additional information, call Lifeline Services at 866.321.2323 or call Ace Customer Service

Michigan Lifeline Administration Service

LIFELINE APPLICATION

Eligible customers will receive \$11.25 off their monthly phone bill
and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:

Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:		Name of phone company:	
Date of Birth:	Last 4-digits of Social Security Number:		
Last Name:	First Name:	M.I.:	
Street:			
Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program			
City:	State:	ZIP Code:	
This is my permanent address: Yes <input type="checkbox"/> No <input type="checkbox"/> This is a rural address with no postal route: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Billing Address, City, State and Zip Code (if different from Service Address)			
There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program.		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$**NUMBER OF HOUSEHOLD MEMBERS:**

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	\$1,459	\$17,505
2	\$1,966	\$23,595
3	\$2,474	\$29,685
4	\$2,981	\$35,775

*Add \$6,090 (\$508 monthly) for each additional household member.

<input type="checkbox"/> Prior year's state or federal tax return.	<input type="checkbox"/> Current Annual Income Statement from Employer
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
<input type="checkbox"/> Retirement/pension statement of benefits	<input type="checkbox"/> Veterans Administration statement of benefits
<input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits	<input type="checkbox"/> Divorce decree or child support document containing income information

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Federal Public Housing Assistance or Section 8
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> National School Lunch - Free Lunch Program
<input type="checkbox"/> Low-Income Home Energy Plan (LIHEAP)	

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

Ace Communications	Chapin Telephone Company	Sand Creek Telephone Company
Allband Communications Coop.	Chippewa County Telephone Company	Southwest Michigan Communications
Allendale Telephone Company	Climax Telephone Company	Springport Telephone Company
Baraga Telephone Company	Deerfield Farmers' Telephone Co.	TDS Telecom
Barry County Telephone Company	Hiawatha Telephone Company	Thumb Cellular
Blanchard Telephone Company	Kaleva Telephone Company	Upper Peninsula Telephone Company
Bloomington Communications	Lennon Telephone Company	Waldron Telephone Company
Carr Telephone Company	Michigan Central Broadband Co.	Westphalia Broadband, Inc./Comlink
CenturyLink of Michigan	Midway Telephone Company	Westphalia Telephone Company
CenturyLink of Midwest Michigan	Ogden Communications	Winn Telecom
CenturyLink of Northern Michigan	Ontonagon County Telephone Co.	Winn Telephone Company
CenturyLink of Upper Michigan	Pigeon Telephone Company	

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- I will notify my telephone company within 30 days of any changes to my residential address.
- I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 1/2014

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service.
2. In order to be eligible for Lifeline Service a residential customer's household income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer, or the customer must participate in one of the following federal assistance programs:
 - a. Medicaid
 - b. Food stamps
 - c. Supplemental security income
 - d. Federal public housing assistance
 - e. Low-income home energy assistance program
 - f. National school lunch program's free lunch program
 - g. Temporary assistance for needy families
3. Lifeline Service includes the services and functionalities enumerated in by the FCC. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers.
4. Other services can be provided with the Lifeline Service at applicable rates and charges.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline Service.
2. Lifeline Service is available only with residence services, excluding foreign exchange service. Lifeline Service is limited to one line per household at the customer's primary residence.
3. A miscellaneous service charge does not apply when Lifeline Service is added or discontinued to existing service when that is the only work being done.
4.
 - a. A discount of 20% of the Basic Local Exchange rate or \$11.25, whichever is greater, on the monthly rate for Basic Local Exchange Service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or \$12.35, whichever is greater. The total discount shall not exceed 100% of all end-user common line charges and the Basic Local Exchange rate.
 - b. The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Excl Carriers Association, Inc. Tariff F.C.C. No. 5, Access Service. (2) The balance of the credit, if any, will be a) (D) as a credit to the Basic Local Exchange rate.
 - c. The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The Company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the completion of outgoing toll calls from their telecommunications channel.
 - d. The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking service.
 - e. The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.
5. The Lifeline plan will apply after receipt and processing of a completed Company or community/government provided application, including documentation indicating that the household income meets the eligibility standards established above.
6. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Reverification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount would be discontinued and regular tariff rates and charges would apply.

Issued: March 30, 2012

Effective: April 1, 2012

Issued under the authority of the PA 179, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick, MI 49668, 507-896-3111, miinfo@acegroup.cc

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service.
2. In order to be eligible for Lifeline Service a residential customer's household income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer or the customer must participate in one of the following federal assistance programs:
 - a. Medicaid
 - b. Food stamps
 - c. Supplemental security income
 - d. Federal public housing assistance
 - e. Low-income home energy assistance program
 - f. National school lunch program's free lunch program
 - g. Temporary assistance for needy families
3. Lifeline Service includes the services and functionalities enumerated in by the F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers.
4. Other services can be provided with the Lifeline Service at applicable rates and charges.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline Service.
2. Lifeline Service is available only with residence services, excluding foreign exchange service. Lifeline Service is limited to one line per household at the customer's primary residence.
3. A miscellaneous service charge does not apply when Lifeline Service is added or discontinued to existing service when that is the only work being done.
4.
 - a. A discount of 20% of the Basic Local Exchange rate or \$11.25, whichever is greater, on the monthly rate for Basic Local Exchange Service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or \$12.35, whichever is greater. The total discount shall not exceed 100% of all end-user common line charges and the Basic Local Exchange rate.
 - b. The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Exchange Carriers Association, Inc. Tariff F.C.C. No. 5, Access Service; and (2) The balance of the credit, if any, will be applied as a credit to the Basic Local Exchange rate. (D)
 - c. The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The Company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the completion of outgoing toll calls from their telecommunications channel.
 - d. The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking service.
 - e. The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.
5. The Lifeline plan will apply after receipt and processing of a completed Company or community/government provided application, including documentation indicating that the household income meets the eligibility standards established above.
6. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Reverification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount will be discontinued and regular tariff rates and charges would apply.

Issued: March 30, 2012

Effective: April 1, 2012

Issued under the authority of the PA 179, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Allendale Telephone Company, PO Box 509, Allendale, MI 49401, 507-896-3111, miinfo@acegroup.cc

Study Area Name: Ace Telephone Company of Michigan, Inc
SAC: 310704
State: Michigan
Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310704	269 Buckley										
	Benzie Cnty	21.050	0.100		6.500			2.970	0.190		30.810
	Gr Traverse	21.050	0.100		6.500			0.900	0.190		28.740
	Manistee	21.050	0.100		6.500			0.370	0.190		28.210
	Wexford	21.050	0.100		6.500			0.670	0.190		28.510
310704	378 Copemish										
	Benzie Cnty	21.050	0.100		6.500			2.970	0.190		30.810
	Manistee	21.050	0.100		6.500			0.370	0.190		28.210
	Copemish PBLS	20.040	0.100		6.500			0.370	0.190		27.200
310704	862 Hoxeyville										
	Lake	21.050	0.100		6.500			0.250	0.190		28.090
	Wexford	21.050	0.100		6.500			0.670	0.190		28.510
	Manistee	21.050	0.100		6.500			0.370	0.190		28.210
310704	885 Mesick										-
	Manistee	21.050	0.100		6.500			0.370	0.190		28.210
	Wexford	21.050	0.100		6.500			0.670	0.190		28.510
310704	369 South Boardman										
	Kalkaska	21.050	0.100		6.500			2.940	0.190		30.780
	Grand Travers	21.050	0.100		6.500			0.900	0.190		28.740

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2015, the average urban rate for local service is \$20.46 and two standard deviations above would be \$46.96. As shown above, the sum of the local rate and state fees is below \$46.96. Carrier certifies that the sum of its local rate and state fees is below \$46.96.

Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310777

State: Michigan

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310777	Old Mission	21.05	0.100		6.500			0.900	0.190		28.740

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2015, the average urban rate for local service is \$20.46 and two standard deviations above would be \$46.96.

As shown above, the sum of the local rate and state fees is below \$46.96.

Carrier certifies that the sum of its local rate and state fees is below \$46.96.

Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310669

State: Michigan

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310669	Allendale	19.73	0.10		6.50			0.25	0.19	0.10	26.87

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2015, the average urban rate for local service is \$20.46 and two standard deviations above would be \$46.96.

As shown above, the sum of the local rate and state fees is below \$46.96.

Carrier certifies that the sum of its local rate and state fees is below \$46.96.

Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310692

State: Michigan

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges If applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
310692	Drenthe										
	Ottawa	21.50	0.10		6.50			0.25	0.19		28.54
	Allegan	21.50	0.10		6.50			3.13	0.19		31.42

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2015, the average urban rate for local service is \$20.46 and two standard deviations above would be \$46.96.

As shown above, the sum of the local rate and state fees is below \$46.96.

Carrier certifies that the sum of its local rate and state fees is below \$46.96.

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481			
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986			
Page 1 of 3		July 2013			
<010> Study Area Code		<010>	310704		
<015> Study Area Name		<015>	ACE TELEPHONE COMPANY OF MICHIGAN, INC.		
<020> Program Year		<020>	2015		
<030> Contact Name - Person USAC should contact regarding this data		<030>	CYNTHIA SWEET		
<035> Contact Telephone Number - Number of person identified in data line <030>		<035>	507.896.6211		
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039>	csweet@acecomgroup.com		
<input type="checkbox"/> Files as reviewed single company		<input checked="" type="checkbox"/> Filed as audited single company			
<input type="checkbox"/> Filed as reviewed consolidated company		<input type="checkbox"/> Filed as audited consolidated company			
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filed as subsidiary of audited consolidated company			
CERTIFICATION					
We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.					
Signature		Date			
PART A. BALANCE SHEET					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Recquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005b) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 2 of 3

FCC Form 481
OMB Control No. 3060-0986
July 2013

<010> Study Area Code
<015> Study Area Name
<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data
<035> Contact Telephone Number - Number of person identified in data line <030>
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 310704
<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2015
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acecomgroup.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005c) Operating Report for Privately-Held Rate of Return Carriers
 Balance Sheet - Data Collection Form
 Page 3 of 3

FCC Form 481
 OMB Control No. 3060-0986
 July 2013

<010> Study Area Code
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 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
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 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 310704
 <015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
 <020> 2015
 <030> CYNTHIA SWEET
 <035> 507 896 6211
 <039> csweet@acecomgroup.com

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
<010> Study Area Code		<010>	310777
<015> Study Area Name		<015>	ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> Program Year		<020>	2015
<030> Contact Name - Person USAC should contact regarding this data		<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>		<035>	507.896.6231
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039>	csweet@acecomgroup.com
<input type="checkbox"/> Files as reviewed single company		<input checked="" type="checkbox"/> Filed as audited single company	
<input type="checkbox"/> Filed as reviewed consolidated company		<input type="checkbox"/> Filed as audited consolidated company	
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature	Date
-----------	------

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Recacquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005b) Operating Report for Privately-Held Rate of Return Carriers

Balance Sheet - Data Collection Form

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FCC Form 481

OMB Control No. 3060-0986

July 2013

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
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 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 310777
 <015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
 <020> 2015
 <030> CYNTHIA SWEET
 <035> 507 896 6211
 <039> csweet@acecomgroup.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005c) Operating Report for Privately-Held Rate of Return Carriers
 Balance Sheet - Data Collection Form
 Page 3 of 3

FCC Form 481
 OMB Control No. 3060-0986
 July 2013

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
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<010> 310777
 <015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
 <020> 2015
 <030> CYNTHIA SWEET
 <035> 507 896 6211
 <039> csweet@acecomgroup.com

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
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<015> Study Area Name		<015>	ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> Program Year		<020>	2015
<030> Contact Name - Person USAC should contact regarding this data		<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>		<035>	507.896.6211
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039>	csweet@acecomgroup.com
<input type="checkbox"/> Files as reviewed single company		<input checked="" type="checkbox"/> Filed as audited single company	
<input type="checkbox"/> Filed as reviewed consolidated company		<input type="checkbox"/> Filed as audited consolidated company	
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature	Date
-----------	------

PART A. BALANCE SHEET

ASSETS		BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY		BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS				CURRENT LIABILITIES			
1.	Cash and Equivalents			25.	Accounts Payable		
2.	Cash-RUS Construction Fund			26.	Notes Payable		
3.	Affiliates:			27.	Advance Billings and Payments		
a.	Telecom, Accounts Receivable			28.	Customer Deposits		
b.	Other Accounts Receivable			29.	Current Mat. L/T Debt		
c.	Notes Receivable			30.	Current Mat. L/T Debt-Rur. Dev.		
4.	Non-Affiliates:			31.	Current Mat.-Capital Leases		
a.	Telecom, Accounts Receivable			32.	Income Taxes Accrued		
b.	Other Accounts Receivable			33.	Other Taxes Accrued		
c.	Notes Receivable			34.	Other Current Liabilities		
5.	Interest and Dividends Receivable			35.	Total Current Liabilities (25 thru 34)		
6.	Material-Regulated			LONG-TERM DEBT			
7.	Material-Nonregulated			36.	Funded Debt-RUS Notes		
8.	Prepayments			37.	Funded Debt-RTB Notes		
9.	Other Current Assets			38.	Funded Debt-FFB Notes		
10.	Total Current Assets (1 Thru 9)			39.	Funded Debt-Other		
				40.	Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS				41.	Premium (Discount) on L/T Debt		
11.	Investment in Affiliated Companies			42.	Reacquired Debt		
a.	Rural Development			43.	Obligations Under Capital Lease		
b.	Nonrural Development			44.	Adv. From Affiliated Companies		
12.	Other Investments			45.	Other Long-Term Debt		
a.	Rural Development			46.	Total Long-Term Debt (36 thru 45)		
b.	Nonrural Development			OTHER LIAB. & DEF. CREDITS			
13.	Nonregulated Investments			47.	Other Long-Term Liabilities		
14.	Other Noncurrent Assets			48.	Other Deferred Credits		
15.	Deferred Charges			49.	Other Jurisdictional Differences		
16.	Jurisdictional Differences			50.	Total Other Liabilities and Deferred Credits (47 thru 49)		
17.	Total Noncurrent Assets (11 thru 16)			EQUITY			
PLANT, PROPERTY, AND EQUIPMENT				51.	Cap. Stock Outstanding & Subscribed		
18.	Telecom, Plant-in-Service			52.	Additional Paid-in-Capital		
19.	Property Held for Future Use			53.	Treasury Stock		
20.	Plant Under Construction			54.	Membership and Cap. Certificates		
21.	Plant Adj., Nonop. Plant & Goodwill			55.	Other Capital		
22.	Less Accumulated Depreciation			56.	Patronage Capital Credits		
23.	Net Plant (18 thru 21 less 22)			57.	Retained Earnings or Margins		
				58.	Total Equity (51 thru 57)		
24.	TOTAL ASSETS (10+17+23)			59.	TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005b) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 2 of 3

FCC Form 481
OMB Control No. 3060-0986
July 2013

<010> Study Area Code
<015> Study Area Name
<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data
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<010> 310669
<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2015
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acecomgroup.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period ((31+33+34)-(35+36+37+38))		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio ((14+20-10-11)/7)		
46. Operating Accrual Ratio ((14+20+26)/7)		
47. TIER ((31+26)/26)		
48. DSCR ((31+26+10+11)/44)		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005c) Operating Report for Privately-Held Rate of Return Carriers
 Balance Sheet - Data Collection Form
 Page 3 of 3

FCC Form 481
 OMB Control No. 3060-0986
 July 2013

<010> Study Area Code
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<010> 310669
 <015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
 <020> 2015
 <030> CYNTHIA SWEET
 <035> 507 896 6211
 <039> csweet@acecomgroup.com

PART C. STATEMENTS OF CASH FLOWS		
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES		
2.	Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3.	Add: Depreciation	
4.	Add: Amortization	
5.	Other (Explain)	
Changes in Operating Assets and Liabilities		
6.	Decrease/(Increase) in Accounts Receivable	
7.	Decrease/(Increase) in Materials and Inventory	
8.	Decrease/(Increase) in Prepayments and Deferred Charges	
9.	Decrease/(Increase) in Other Current Assets	
10.	Increase/(Decrease) in Accounts Payable	
11.	Increase/(Decrease) in Advance Billings & Payments	
12.	Increase/(Decrease) in Other Current Liabilities	
13.	Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES		
14.	Decrease/(Increase) in Notes Receivable	
15.	Increase/(Decrease) in Notes Payable	
16.	Increase/(Decrease) in Customer Deposits	
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits	
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20.	Less: Payment of Dividends	
21.	Less: Patronage Capital Credits Retired	
22.	Other (Explain)	
23.	Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES		
24.	Net Capital Expenditures (Property, Plant & Equipment)	
25.	Other Long-Term Investments	
26.	Other Noncurrent Assets & Jurisdictional Differences	
27.	Other (Explain)	
28.	Net Cash Provided/(Used) by Investing Activities	
29.	Net Increase/(Decrease) in Cash	
30.	Ending Cash	

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005a) Operating Report for Privately-Held Rate of Return Carriers		FCC Form 481	
Balance Sheet - Data Collection Form		OMB Control No. 3060-0986	
Page 1 of 3		July 2013	
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<030> Contact Name - Person USAC should contact regarding this data		<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>		<035>	507.896.6211
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>		<039>	csweet@acecomgroup.com
<input type="checkbox"/> Filed as reviewed single company		<input checked="" type="checkbox"/> Filed as audited single company	
<input type="checkbox"/> Filed as reviewed consolidated company		<input type="checkbox"/> Filed as audited consolidated company	
<input type="checkbox"/> Filed as subsidiary of reviewed consolidated company		<input type="checkbox"/> Filed as subsidiary of audited consolidated company	

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature	Date
-----------	------

PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
			40. Funded Debt-Rural Develop. Loan		
NONCURRENT ASSETS			41. Premium (Discount) on L/T Debt		
11. Investment in Affiliated Companies			42. Recquired Debt		
a. Rural Development			43. Obligations Under Capital Lease		
b. Nonrural Development			44. Adv. From Affiliated Companies		
12. Other Investments			45. Other Long-Term Debt		
a. Rural Development			46. Total Long-Term Debt (36 thru 45)		
b. Nonrural Development			OTHER LIAB. & DEF. CREDITS		
13. Nonregulated Investments			47. Other Long-Term Liabilities		
14. Other Noncurrent Assets			48. Other Deferred Credits		
15. Deferred Charges			49. Other Jurisdictional Differences		
16. Jurisdictional Differences			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
17. Total Noncurrent Assets (11 thru 16)			EQUITY		
			51. Cap. Stock Outstanding & Subscribed		
PLANT, PROPERTY, AND EQUIPMENT			52. Additional Paid-in-Capital		
18. Telecom, Plant-in-Service			53. Treasury Stock		
19. Property Held for Future Use			54. Membership and Cap. Certificates		
20. Plant Under Construction			55. Other Capital		
21. Plant Adj., Nonop. Plant & Goodwill			56. Patronage Capital Credits		
22. Less Accumulated Depreciation			57. Retained Earnings or Margins		
23. Net Plant (18 thru 21 less 22)			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005b) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 2 of 3

FCC Form 481
OMB Control No. 3060-0986
July 2013

<010> Study Area Code
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<010> 310692
<015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
<020> 2015
<030> CYNTHIA SWEET
<035> 507 896 6211
<039> csweet@acecomgroup.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005c) Operating Report for Privately-Held Rate of Return Carriers
 Balance Sheet - Data Collection Form
 Page 3 of 3

FCC Form 481
 OMB Control No. 3060-0986
 July 2013

<010> Study Area Code
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<010> 310692
 <015> ACE TELEPHONE COMPANY OF MICHIGAN, INC
 <020> 2015
 <030> CYNTHIA SWEET
 <035> 507 896 6211
 <039> csweet@acecomgroup.com

PART C. STATEMENTS OF CASH FLOWS		
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Explain)		
Changes in Operating Assets and Liabilities		
6. Decrease/(Increase) in Accounts Receivable		
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Patronage Capital Credits Retired		
22. Other (Explain)		
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long-Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Explain)		
28. Net Cash Provided/(Used) by Investing Activities		
29. Net Increase/(Decrease) in Cash		
30. Ending Cash		